

MDR Tracking Number: M5-04-0158-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 9-10-03.

The IRO reviewed office visits, electrical stimulation, hot/cold packs, therapeutic exercises, mechanical traction, manual traction, prolonged office service, device handling, myofascial release, and training in ADL (activities of daily living) from 10-16-02 through 6-12-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-11-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
10/16/02	99205 72050 72110	\$150.00 \$150.00 \$160.00	\$0.00	N F, TK	\$137.00 \$81.00 \$110.00	Rule 133.307 (g)(3) (A-F)	The requestor failed to submit relevant information to support documentation criteria and delivery of service; therefore, no reimbursement recommended.
6/6/03	99213 97012 97110 (7) 97010	\$55.00 \$25.00 \$315.00 \$20.00	\$0.00	No EOB	\$48.00 \$20.00 \$35.00 ea 15 min \$11.00		

TOTAL	\$875.00	\$0.00	The requestor is not entitled to reimbursement.
-------	----------	--------	---

The above Findings and Decision are hereby issued this 19th day of February 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 10-16-02 through 6-12-03 in this dispute.

This Order is hereby issued this 19th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

December 11, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0158-01
IRO Certificate No.: IRO 5055

REVISED REPORT Corrected Services in Dispute

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This male claimant injured his cervical, thoracic and lumbar spine in a work-related accident on ___. He was evaluated at the hospital where a CT of his abdomen and pelvis was performed.

He began chiropractic treatment on 10/07/02. He has also received an ESI and a prescription for medications to help control pain and depression, an MRI of his cervical and lumbar spine, and an EMG. He was set at MMI on 10/13/03, with a 10% impairment.

Disputed Services:

Office/outpatient visits, electrical stimulation, hot/cold packs therapy, therapeutic exercises, mechanical traction therapy, manual traction therapy, prolonged office service, device handling, myofascial release, traction, stimulation, exercises, activities, and training in ADL during the period of 10/16/02 through 06/12/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that all services, treatments & therapies in dispute rendered during the period of 10/16/02 through 02/05/03 were medically necessary. All services, treatments & therapies in dispute rendered during the period of 02/06/03 through 06/12/03 were not medically necessary in this case.

Rationale:

Since his initial visit, and beginning treatment, the patient has received approximately 84 treatments, which have included chiropractic adjustments, hot and cold therapy, muscle stimulation, physical modalities, and active exercises. He continued care two to three times weekly through June 2003.

According to both the *Spinal Treatment Guidelines*, and the *TCA Guidelines for Chiropractic Quality Assurance and Practice Parameters* published in 1994, the patient's condition would easily fall into the secondary level of care or a "complicated case." Such a case presents as one where symptoms are present after 8 to 10 weeks and present a risk of becoming chronic. The documentation provided shows the patient responded to treatment, and that care was provided and alternated appropriately as time progressed.

However, after 16 weeks, there is no further empirical evidence, such as monthly re-evaluations, that show progress in the patient's status. Due to the severity of the injury and the symptoms presented at that time, 16 weeks of care for this case is medically necessary and reasonable. However, according to the *TCA Parameters*, Chapter 8, Page 124, Section D, #2 and #5, and on Page 125, Section 3, Subsection D, "Repeated use of passive care, i.e., muscle stimulation, should be avoided as it promotes physician dependence and chronicity, and continued failure to respond to treatment should result in the discharge of the patient due to inappropriateness of current treatment protocol or having reached maximum therapeutic benefit."

In the absence of documented progress in the patient's condition after the first 16 weeks of care (through 02/05/03), future care should only consist of, according to the *Parameters*, supportive care if significant deterioration of the clinical status is noted. A continued active rehab program would not be necessary after the 16 weeks of care, based on these parameters.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,